

38-3123777

NAIC Company Code _____95814 ____ Employer's ID Number ___

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

HAP Midwest Health Plan, Inc.

NAIC Group Code

1311

(Cui	rrent Period)	(Prior Period)					
Organized under the Laws of	of	Michigan		, State of Domicile	e or Port of Entry	!	Michigan
Country of Domicile				United States			
Licensed as business type:	Life, Accident	. 8. Health []	Property/Ca	neualty []	Hospital, Medical & D	lental Sen	vice or Indemnity []
	Liio, 7 toolaani			,	•		,
		e Corporation []			Health Maintenance	organizati	on [X]
	Other []		Is HMO, F	ederally Qualified? Y	es[]No[X]		
Incorporated/Organized		01/01/1994	c	ommenced Business		01/01/199	94
Statutory Home Office		2850 West Gran	d Blvd		Detroit M	I, US 4820	12
,		(Street and Numb		,	(City or Town, State,		
Main Administrative Office				2850 West Gran	d Blvd		
Main Administrative Office				(Street and Numb			
	etroit, MI, US 48				888-654-2200		
, ,	wn, State, Country a	, ,			(Area Code) (Telephone N	ımber)	
Mail Address		PO Box 2578 and Number or P.O. Box)		_,	Detroit, MI, US (City or Town, State, Coun		ode)
Drimany Lagation of Dooks	,	ind Number of P.O. Box)		2050 M		try and Zip Co	oue)
Primary Location of Books a	and Recolds	-			/est Grand Blvd et and Number)		
	etroit, MI, US 48		,		888-654-2200		
(City or To	wn, State, Country a	ind Zip Code)		•	ea Code) (Telephone Number) (Extension)	
Internet Web Site Address				www.Hap.org\midw	est		
Statutory Statement Contac	t	Dianna L. Ronan	CPA		248-443	-1093	
	dronan@hap.o	(Name)			(Area Code) (Telephone 248-443-8610	: Number) (Ex	ktension)
	(E-Mail Address)				(Fax Number)		
Name Michael Allen Genord Annmarie Erickson		Title President Secretary OTHER		Name Richard Evan Swift # Teresa Lynn Kline # R OFFICERS		Title,	
Michael Allen Occur	,			R TRUSTEES		Marri	A T
Michael Allen Genor	rd	Richard Evan Sw	<u>IIT #</u>	Teresa Lyn	n Kline	Mary /	Ann Tournoux
State of	Michigan						
County of	Wavne	ss					
The officers of this reporting en above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exacregulators in lieu of or in additionable and belief.	ed assets were the control of the secondance with the cordance wit	the absolute property of the standard explanation of the said reporting entity as of a NAIC Annual Statemen require differences in reguire differences of the sattests of formatting differences of the sattests.	he said reporting nations therein of the reporting per time transfer in the reporting per transfer in the reporting not relate ation by the description.	entity, free and clear frontained, annexed or net above, and a Accounting Practices and to accounting practice cribed officers also inclu	om any liens or claims the eferred to, is a full and tr of its income and deduction ind <i>Procedures</i> manual ex es and procedures, accord des the related correspondes.	ereon, excelue stateme ons therefro cept to the d ding to the b ding electro	pt as herein stated, and nt of all the assets and m for the period ended, extent that: (1) state law best of their information, inic filing with the NAIC,
Michael Allen Presid			Richard Ev		An	nmarie E	
Subscribed and sworn to b				a. Is b. If 1.	State the amendment		Yes [X] No []
					Date filed Number of pages attac	ched	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	,		1			
Group subscribers:						
CMS - Medicare.	3,205,393				0	3,205,393
State of Michigan - Medicaid	1,165,383					1,165,383
				<u> </u>		<u> </u>
0299997 Group subscriber subtotal	4,370,776	0	0	0	0	4,370,776
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	4,370,776	00	0	0	0	4,370,776
0399999 Premiums due and unpaid from Medicare entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,370,776	0	0	0	0	4,370,776

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	. •	<u> </u>	12110													
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted										
0199998 - Aggregate of amounts not individually listed above.	1,838,013			•		1.838.013										
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables	1,838,013	C	0	0	0	1,838,013 1,838,013										
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270000 Constitution of the	4 000 040					4 000 040										
0799999 Gross Health Care Receivables	1,838,013	0	0	1 0	0	1,838,013										

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected he Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,023,608	3,067,253		1,838,013	1,023,608	1,023,608
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables	915,415				915,415	915,415
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	1,939,023	3,067,253	0	1,838,013	1,939,023	1,939,023

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	l Claims	•	-	-	-
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) HRA/GNE/SNAF	46,009	122,690	61,345	76,682		306,726
Pharmacy Benefit Manager	2,226,294					2,226,294
Pharmacy Benefit Manager. PCP-PIP.	0				350,012	350,012
						, , , , , ,
		·····-				
	-					
	-					
0100000 Individually listed daims uppoid	2,272,303	122,690	61.345	76.682	350,012	2,883,032
0199999 Individually listed claims unpaid	2,272,303	122,090	01,343			2,003,032
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	2,272,303	122,690	61,345	76,682	350,012	2,883,032
0599999 Unreported claims and other claim reserves	2,272,505	122,030	01,040	70,002	000,012	16,781,041
0699999 Total amounts withheld						833,047
0799999 Total claims unpaid						20,497,120
0899999 Accrued medical incentive pool and bonus amounts						561,050
10033333 Accided inedical incentive pool and bonds amounts						301,030

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
	_		·		1	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		NONE					
		L		 	 		
				<u> </u>	<u> </u>		
0100000 Individually listed receivables	0	<u></u>	1	0	1 0	0	0
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1		3	Ι 4	5
Affiliate	Description	Amount	Current	Non-Current
Health Alliance Plan/HFHS.	General & Administrative expenses.	1,086,856	1,086,337	14011 Guitoni
Thousand Transfer Teach Transfer Teach Tea	Solida a Allimot at 10 sapatists	1,000,000	1,000,001	•••••
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				•
0400000 12 2 1 1 1 1 1 1 1		4 000 050	1,086,337	Λ
0199999 Individually listed payables		1,086,856		J
10299999 Payables not individually listed		1 000 050	4 000 007	^
0399999 Total gross payables		1,086,856	1,086,337	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0		0.0		
2. Intermediaries		0.0		0.0		
3. All other providers		0.1		0.0	61,272	
4. Total capitation payments	61,272	0.1	0	0.0	61,272	L0
Other Payments:						
5. Fee-for-service			xxx	xxx		
Contractual fee payments		99.9	xxx	xxx	101, 130, 932	
Bonus/withhold arrangements - fee-for-service			XXX	Lxxx		
Bonus/withhold arrangements - contractual fee payments		0.0	XXX	Lxxx		
9. Non-contingent salaries		0.0	xxx	Lxxx		
10. Aggregate cost arrangements		0.0	xxx	xxx		
11. All other payments		0.0	xxx	xxx		
12. Total other payments	101,130,932	99.9	xxx	XXX	101,130,932	0
13. Total (Line 4 plus Line 12)	101, 192, 204	100 %	XXX	XXX	101, 192, 204	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	LAMBIT 7 - PART 2 - SUMMART OF TRAN	OACTICITO MITTINITE		<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			,	,,	
0000000 T-4-1-		0	VVV		VVV
9999999 Totals		0	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures	<u> </u>					
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment					0	0
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HAP Midwest Health Plan, Inc.

2.

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE OF	F Michigan			DURING THE YEAR	2017			NAI	C Company Code	95814
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,076							5,759	2,317	
2 First Quarter	8,344							5,803	2,541	
3 Second Quarter	8,314							5,622	2,692	
4. Third Quarter	8,127							5,381	2,746	
5. Current Year	7,811							5,320	2,491	
6 Current Year Member Months	98,573							66,768	31,805	
Total Member Ambulatory Encounters for Year:										
7. Physician	140,212							73,250	66,962	
8. Non-Physician	149,467							82,000	67,467	
9. Total	289,679	0	0	0	0	0	0	155,250	134,429	
10. Hospital Patient Days Incurred	10,563							9,595	968	
11. Number of Inpatient Admissions	1,699							1,466	233	
12. Health Premiums Written (b)	116,382,035							105,714,505	10,667,530	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	116,382,035							105 , 714 , 505	10,667,530	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	101,192,204							90,390,323	10,801,881	
18. Amount Incurred for Provision of Health Care Services	94,303,860							92,646,892	1,656,968	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$105,714,505



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Midwest Health Plan, Inc. 2.

AIC Group Code 1311 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	95814
AIC GLOUP COUR 1311 BUSINESS IN THE STATE OF	Consolidated	Comprel	hensive			_	_			
	1	(Hospital 8	R Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,076	0	0	0	0	0	0	5,759	2,317	
2 First Quarter	8,344	0	0	0	0	0	0	5,803	2,541	
3 Second Quarter	8,314	0	0	0	0	0	0	5,622	2,692	
4. Third Quarter	8,127	0	0	0	0	0	0	5,381	2,746	
5. Current Year	7,811	0	0	0	0	0	0	5,320	2,491	
6 Current Year Member Months	98,573	0	0	0	0	0	0	66,768	31,805	
Total Member Ambulatory Encounters for Year:										
7. Physician	140,212	0	0	0	0	0	0	73,250	66,962	
8. Non-Physician	149,467	0	0	0	0	0	0	82,000	67,467	
9. Total	289,679	0	0	0	0	0	0	155,250	134,429	
10. Hospital Patient Days Incurred	10,563	0	0	0	0	0	0	9,595	968	
11. Number of Inpatient Admissions	1,699	0	0	0	0	0	0	1,466	233	
12. Health Premiums Written (b)	116,382,035	0	0	0	0	0	0	105,714,505	10,667,530	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	116,382,035	0	0	0	0	0	0	105,714,505	10,667,530	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	101,192,204	0	0	0	0	0	0	90,390,323	10,801,881	
18. Amount Incurred for Provision of Health Care Services	94,303,860	0	0	0	0	0	0	92,646,892	1,656,968	

⁽a) For health business: number of persons insured under PPO managed care products 0____and number of persons insured under indemnity only products 0___

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$105,714,505

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Liability	10	11	12
NAIC Company Code	ID Number			Domiciliary Jurisdiction	Type of Reinsurance		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
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9999999	Totals					0	0	0	0	0	0

SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

	2	6	7			
	2	3	"	nsuring Company as of December 31, Current 5		,
1						
NAIC Company	ID	Effective	Name of	Domiciliary	Paid	Unpaid
Colliparity	Number	Date	Company	Jurisdiction	Losses	Losses
ccident and Hea	alth - Non-Affilia	ates - U.S. Non-Aff	iliates			
1999999 - Acci	30-4233459 dent and Health	- Non-Affiliates - l	Zurich American Insurance Company	NY	1,201,632	(
2199999 - Acci	dent and Health	- Non-Affiliates -	Total Non-Affiliates		1,201,632	C
2299999 - Acci	dent and Health	 Total Accident and 	d Health		1,201,632	C
2399999 - 1018	II U.S. (SUM OT U	399999, 0899999, 149	99999 and 1999999) 		1,201,632	0
					 	
					 	
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0000000 To	tals—Life Annu	ity and Accident ar	nd Health (Sum of 1199999 and 2299999)		1,201,632	

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SCHEDULE S - PART 3 - SECTION 2

Re	insurance Ceded A	Accident and Healt	th Insurance Listed	d by Reinsuring Con	npany as of Decemb	er 31, Current Year	
		6	7				

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
					6	7							
1 1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14
NAIC		-	Name		Type of	Type of	i -	Unearned	Reserve Credit	11	12	Modified	İ
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for		'-	Coinsurance	Funds Withheld
				Jurisdiction			Dan and in an a		Unearned Premiums	O 1 V	Dring Vana		
Code	Number	Date	Company	Jurisaiction	Ceded	Ceded	Premiums	(Estimated)	Junearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	ount – Authorized	- Non-Affiliate	s – U.S. Non-Affiliates										
16535	36-4233459	01/01/2017	ZURICH AMER INS CO	NY	SSL/1/L	SLEL.							
0899999 -	General Account	- Authorized - N	on-Affiliates – U.S. Non-Affiliates				991,588	0	0	0	0	0	0
1099999 -	- General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates			991,588	0	0	0	0	0	0			
1100000	General Account	- Authorized - T	otal General Account Authorized				991,588	0		0	0		0
2400000	Concret Account	Total Caparal	Account Authorized, Unauthorized and Certified				991,588	0		0	0		0
3499999 -	General Account	- TOTAL GENERAL	ACCOUNT AUTHORIZED, UNAUTHORIZED AND CERTIFIED	1000000 1000000	F000000 F000000			U		U	Ů	U	U
6999999 -	lotal U.S. (Sum	01 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	1 6499999)	991,588	0	0	0	0	0	0
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9999999	Totals						991,588	n	0	n	0	n	0
3000000							001,000		<u> </u>	0		· · · · · · · · · · · · · · · · · · ·	U

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc. Schedule S - Part 4 **NONE** Schedule S - Part 5 NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted) 2	3	4	5
	2017	2016	2015	2014	2013
A. OPERATIONS ITEMS					
1. Premiums	0	888	18	17	6
2. Title XVIII-Medicare	831	0	329	73	42
3. Title XIX-Medicaid	160	0	1,712	1,272	875
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	1,200	1,246	1,251	310,506	259,572
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	1,202	820	1,212	1,231	198
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.					
11. Unauthorized reinsurance offset				0	
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	45,601,627		45,601,627
2.	Accident and health premiums due and unpaid (Line 15)	4,370,776		4,370,776
3.	Amounts recoverable from reinsurers (Line 16.1)	1,201,632		1,201,632
4.	Net credit for ceded reinsurance	xxx	1,201,632	1,201,632
5.	All other admitted assets (Balance)	3,650,261		3,650,261
6.	Total assets (Line 28)	54,824,296	1,201,632	56,025,928
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	20,497,120	0	20 , 497 , 120
8.	Accrued medical incentive pool and bonus payments (Line 2)	561,050		561,050
9.	Premiums received in advance (Line 8)	67,288		67 ,288
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	7,237,092		7,237,092
15.	Total liabilities (Line 24)	28,362,550	0	28,362,550
16.	Total capital and surplus (Line 33)	26,461,746	XXX	26,461,746
17.	Total liabilities, capital and surplus (Line 34)	54,824,296	0	54,824,296
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	1,201,632		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	1,201,632		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	1,201,632		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama			·				
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California			-				
6. Colorado	CO		-				
7. Connecticut			-				
8. Delaware							
9. District of Columbia	DC						
10. Florida			-				
11. Georgia	GA						
12. Hawaii			-				
13. Idaho							
14. Illinois	IL						
15. Indiana	JN					ļ	ļ
16. lowa	JA						ļ
17. Kansas							
18. Kentucky							
19. Louisiana	LA						
20. Maine							
21. Maryland							ļ
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV		_				
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
			-				·
51. Wyoming			1			l	l
52. American Samoa							
53. Guam							
54. Puerto Rico							·
55. US Virgin Islands						l	·
56. Northern Mariana Islands							ļ
57. Canada							
58. Aggregate Other Alien	OT				1		1

4

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

						_	1			1	1 40		1		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide '	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
	·									Health Alliance Plan of			Henry Ford Health		
01311	Henry Ford Health System Group.	95814	38-3123777				HAP Midwest Health Plan, Inc	MI	RE	Michigan		100.0	System	N	0
	I						Health Alliance Plan of						Henry Ford Health		
01311	Henry Ford Health System Group.	95844	38-2242827				Michigan	MI	UDP	Henry Ford Health System		100.0	System	N	0
			00 0540504							Health Alliance Plan of		400 0	Henry Ford Health	l	•
	. Henry Ford Health System Group.	00000	38-2513504				HAP Preferred Inc		NIA	Michigan		100.0	System	N	0
01311	Hanry Ford Health Cyatom Crays	60424	38-3291563				Alliance Health and Life	MI	1.4	Health Alliance Plan of		100.0	Henry Ford Health System	l M	0
01311	.Henry Ford Health System Group.	00134	30-3291303				Insurance CompanyAdministration System Research		IA	Health Alliance Plan of		100.0	Henry Ford Health	I	0
	Henry Ford Health System Group.	00000	38-2651185				Group		NIA	Michigan		66.7	System	l N	0
	Therity Ford Hearth System Group.	00000	30-2031103				Toroup		NI/	Health Alliance Plan of			Henry Ford Health	1	
	. Henry Ford Health System Group.	00000	27-0449055				HAP Community Alliance		NIA	Michigan		100.0	System	l N	0
	Thomy ford floarth bystom broup.	00000	21 044000				Henry Ford Health System		1	I I I I I I I I I I I I I I I I I I I	-	1	Henry Ford Health	1	
	. Henry Ford Health System Group.	00000	45-3852852				employment, LLC		NIA	Henry Ford Health System		100.0		I N	0
	Henry Ford Health System Group.	00000	38 - 1357020				Henry Ford Health System.		UIP			0.0	-,	l N	0
] ,						1						Henry Ford Health		
	Henry Ford Health System Group.	00000	38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System		100.0	System	N	0
													Henry Frod Health		
	Henry Ford Health System Group.	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System		100.0	System	N	0
													Henry Ford Health		
	. Henry Ford Health System Group.	00000	38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System		100.0		N	0
							l., . <u>.</u>			l			Henry Ford Health	l	_
	. Henry Ford Health System Group.	00000	38-2679527				Horizon Properties Inc.		NIA	Henry Ford Health System		100.0	System	N	0
	Hanny Ford Health Cyatan Crays	00000	20 2047057				Mercy Mt. Clemens Real Estate,		NII A	Hanny Fond Hanlib Cyatan		100 0	Henry Ford Health		0
	.Henry Ford Health System Group.	00000	38-2947657				LLU		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health		0
	Henry Ford Health System Group.	00000	38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System		100.0		l N	0
	Therity ford hearth system Group.	00000	30-2303233				Traffialle fleattif Services corp		NIA	Therity ford hearth system		100.0	Henry Ford Health	1	0
	. Henry Ford Health System Group.	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System		100.0	System	l N	0
	Inchi y rora hearth bystem broup.	00000	00-1210720				The removement ELO			I ord ricartii bystom		1	Henry Ford Health	1	
	Henry Ford Health System Group.	00000	38-2433285				Henry Ford Continuing Care Corp.		NIA	Henry Ford Health System		100 0	System	l N	0
] ,						Henry Ford Health Care Corp			, , , , , , , , , , , , , , , , , , , ,			Henry Ford Health]	
	Henry Ford Health System Group.	00000	38-6553031				Self Funded Liability Plan		NIA	Henry Ford Health System		100.0	Svstem	N	0
							Henry Ford Health System			, ,			Henry Ford Health		
	. Henry Ford Health System Group.	00000	23-7383042				Foundation		NIA	Henry Ford Health System		100.0	System	N	0
	<u> </u>												Henry Ford Health	İ	
	. Henry Ford Health System Group.	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System		100.0	System	N	0
		00000	00 0000000										Henry Ford Health]	_
	Henry Ford Health System Group.	00000	38-3232668		-		Northwest Detroit Dialysis		NIA	Henry Ford Health System	-	156.3	System	1N	0
	Harry Ford Health Croter Corre	00000	45 5005050				Hama Dialusia anasialtu Castas		NI A	Hanny Ford Health Custin		1 20 0	Henry Ford Health		^
	Henry Ford Health System Group.	UUUUU	45-5325853				Home Dialysis specialty Center		NIA	Henry Ford Health System	-	J3U.U	SystemHenry Ford Health	1N	0
	. Henry Ford Health System Group.	00000	26-0423581				Macomb Regional Dialysis		NIA	Henry Ford Health System		60.0	System	N.	^
	Them's rord hearth system Group.	00000	20-042330 l				I maconio regional Dialysis		N I A	Them's rotu nearth system	-		Henry Ford Health	1	υ
	Henry Ford Health System Group.	00000	38-1378121				Sha Realty Corp		N I A	Henry Ford Health System		100.0	System	N N	Λ
	I ora riourtii oyotoiii oroup.		00 10/0121					1	1	I or a riour till by stoil			Henry Ford Health	1	
	Henry Ford Health System Group.	00000	90-0659735				Center for Senior Independence		NIA	Henry Ford Health System		100 0	System	l N	0
	- ,				1	1	1	7	q	. ,			1 - 7	4	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3 NAIC	4	5	6	7 Name of Securities Exchange if Publicly	8 Names of	9	10 Relationship		12 Type of Control (Ownership, Board, Management,	13 If Control is Ownership		Is an SCA Filing	16
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
									1	, , , , , , , , , , , , , , , , , , ,			Henry Ford Health	(1117)	
	.Henry Ford Health System Group.	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health	N	
	. Henry Ford Health System Group.	00000	38-3322462				P Cor, LLC.		NIA	Henry Ford Health System		100.0		N	
		00000	00.0040004				Harm Food Larranting Larrant		NII A	Harris Frank Harlith Original		400.0	Henry Ford Health		
	.Henry Ford Health System Group.	00000 	90-0840304				.Henry Ford Innovation Insitute		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health		
	. Henry Ford Health System Group.	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System		100.0	System.	N	
							Henry Ford Physicians Accountable Care Organization,						Henry Ford Health		
	. Henry Ford Health System Group.	00000	46-5746225				ILLC.		NIA	Henry Ford Health System		100.0	Svstem.	N	
	Harma Faral Harlith Oracles Oracles	00000	20, 0000040				Center for Complementary and		NII A	Harris Frank Harlik Oristan		400.0	Henry Ford Health		
	.Henry Ford Health System Group.	00000	30-0092342				Integrative Medicine Henry Ford Health System		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health		
	. Henry Ford Health System Group.	00000	46-4064067				Government Affairs Services		NIA	Henry Ford Health System		100.0	System.		
	.Henry Ford Health System Group.	00000	38-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System		100.0	Hénry Ford Health System	l N	
							Thorrzon mourear barrarily, Er			Them y ford hearth bystom		100.0	Henry Ford Health		
	.Henry Ford Health System Group.	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health	N	
	.Henry Ford Health System Group.	00000	47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System		100.0	System	l N	
	' '						Henry Ford Allegiance Health			,			Henry Ford Health		
	.Henry Ford Health System Group.	00000	38-2756428				. Group		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health	N	
	.Henry Ford Health System Group.	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Health System		100.0	System	N	
	Honry Ford Hoolth System Croup	00000	38-1218485				Henry Ford Allegiance Carelink		NII A	Henry Ford Health System		100.0	Henry Ford Health	l N	
	Henry Ford Health System Group.	00000	. 30 - 12 10400				Henry Ford Allegiance Health		NIA	nenry roru nearth system		100.0	SystemHenry Ford Health		
	. Henry Ford Health System Group.	00000	38-3607833				Foundation		NIA	Henry Ford Health System		100.0	System		
	. Henry Ford Health System Group.	00000	38-3370242				Cascades Professional Staffing Corporation		NIA	Henry Ford Health System		100.0	Henry Ford Health System	l N	
							'						Henry Ford Health		
	Henry Ford Health System Group.	00000	37-2756161				Viking Health Systems		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health	N	
	. Henry Ford Health System Group.	00000	38-2756425				Healthlink		NIA	Henry Ford Health System		100.0	System	lN	
	Harma Faral Harlith Oraton Orang	00000	45 0050040				lasta a libratata Natawa da 100		l NIIA	Harris Frank Harlik Oristan		400.0	Henry Ford Health		
	.Henry Ford Health System Group.	00000 	45-3253643				. Jackson Health Network, L3C		NIA	Henry Ford Health System		100.0	SystemHenry Ford Health		
	. Henry Ford Health System Group.	00000	98-1132982				Cascades Insurance Company, LTD.		NIA	Henry Ford Health System		100.0	System	N	
	.Henry Ford Health System Group.	00000					Telehealth Michigan		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	
							Treferiearth witchigan			Them y Toru hearth System		100.0	Henry Ford Health		
	.Henry Ford Health System Group.	00000	38-2594857				Physicians Chice Network, LLC		NIA	Henry Ford Health System		100.0	System	N	
	.Henry Ford Health System Group.	00000					It's Your Life Services, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	
	' '						, i			,			Henry Ford Health		
	Henry Ford Health System Group.	00000	38-2336367				Henry Ford Allegiance Hospice Jackson Community Medical		NIA	Henry Ford Health System	-	100.0	SystemHenry Ford Health	N	
	. Henry Ford Health System Group.	00000	37 - 1502443				Record		NIA	Henry Ford Health System		100.0	System	N	
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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
0000001	

4.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company	ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other		Management Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Company	Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Dividends	Capital	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95844	38-2242827	HEALTH ALLIANCE PLAN OF MI		(15,000,000)			(381.388.492)	J		(5,000,000)	(401,388,492)	
	38 - 1357020	Henry Ford Health System					407,356,406		ļ	5,000,000	412,356,406	
	lan aznanaa l	Hannis Fand Wisandatta Hannital					33,503,928				33,503,928	
	38-2947657	Henry Ford Macomb Hospital Corp					44,866,747		ļ		44,866,747	
	26-3896897	Henry Ford West Bloomfield Hospital					544,937				544,937	
	38-3232668	Northwest Detroit Dialysis			ļ		3,086,068		ļ		3,086,068	
	26-0423581	Henry Ford Wyandotte Hospital Henry Ford Macomb Hospital Corp. Henry Ford West Bloomfield Hospital Northwest Detroit Dialysis. Macomb Reginal Dialysis Centers LLC Hery Ford Pathology. P Cor LLC.			†	ļ	408,142		ļ	ļ	408,142	
	41-2223561 38-3322462	Hery Ford Pathology			 	ł	793,144		ļ	ļ	793,144 1,833,573	
05044	38-3322462	HAP MIDWEST HLTH PLAN INC.			 		1,833,573 (16,397,551)		ļ		(1,833,573	İ
95814 00000	38 - 3123777 38 - 2651185	ASR Sys Res Corp					(60,000)				(10,397,551)	
60134	38-3291563	ASK SYS RES COID		15,000,000	†		(86,552,650)				(71,552,650)	ſ
00000	38-2513504	HAP Preferred Inc		13,000,000			(8,056,427)				(8,056,427)	Í
00000	38-1218485	Henry Ford Allegiance Carelink					28,242					Í
13065	30-0092342	Center for Complimentary and Integrated					33,933				33,933	1
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	Control Totals		0	0	1	0	0	0	XXX	0	0	1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.	·	YES
3.		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	, , , ,	YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	·	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ons.	de will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
20.		N0
21.	Will the Supplemental Life data due April 1 be filled with the state of domicile and the NAIC?	N0
22.		N0
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	
	April 1?	N0
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
-	nation:	
11.		
12.		
13. Th	e Comopany has less than 100 shareholders	
14.		
15.		
16.		
17		
18.		
19.		

21.

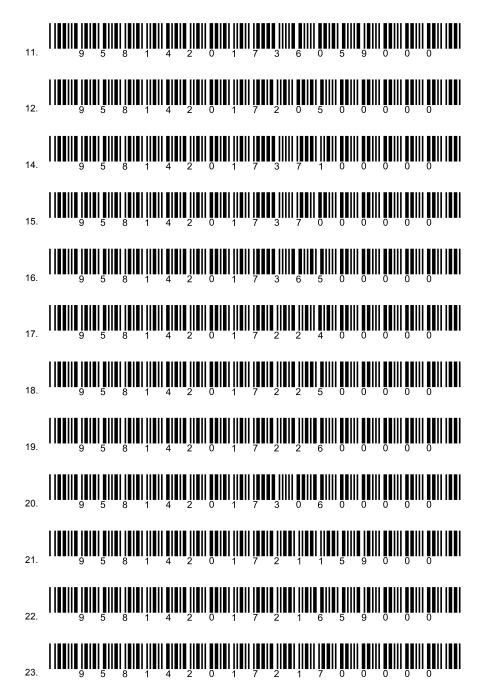
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22

23

24. The Company is not subject to MAR filing

Bar code:



OVERFLOW PAGE FOR WRITE-INS

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